SHORT-TERM EXPERIENCE
STUDENT APPLICATION FORM

CLEAR FORM

DATE OF APPLICATION: _____

AGENCY: _____ NAME OF REPRESENTATIVE _____

SHORT-TERM EXPERIENCE / PUBLIC SCHOOLS

SCHOOL YEAR:

Destination in Canada: **Preferred Region:** _____

 # weeks: _____ **Preferred Community:** _____

Arrival date: _____ **Departure date:** _____

ESL PROFICIENCY LEVEL OF STUDENT: ☐ Beginner ☐ Low-Intermediate ☐ High-Intermediate ☐ Advanced

PET ALLERGY ◯ NO ◯ YES:

DIETARY RESTRICTIONS: ◯ NO ◯ YES:

STUDENT DETAILS (AS SHOWN ON PASSPORT)

Information will be used to create legal custodial documents required for study permit. These details must match passport used for travel.

Last Name: _____ Date of Birth: ____ / ____ / ____
day / month / year

Given Name(s): _____

Citizenship: _____ Country of Birth: _____ ◯ Male ◯ Female

ADDITIONAL STUDENT INFORMATION

Current age: _____ Gender Identity: ◯ Male ◯ Female ◯ Non-Binary

Preferred English Name: _____ My preferred pronouns: _____

Home Address:

House or Apartment # _____ Street _____

City _____ Province/State _____

Postal code: _____ Country _____

First Language: _____

Home Telephone: ( ) ( ) _____
country code city code

Student Mobile Tel: ( ) ( ) _____
country code city code

Student E-mail: _____

(please ensure this is the student's e-mail as it will be used for online orientation invitations and for enrolling in our communication app)

Please indicate which messenger app you prefer for communication. If the app uses a mobile number other than the one provided above, please note it beside:

WhatsApp _____ WeChat _____

Line _____ Other: _____

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FAMILY INFORMATION

PARENT/GUARDIAN DETAILS (AS SHOWN ON PASSPORT)

Information will be used to create legal custodial documents required for study permit.

PARENT #1: FAMILY Name: _____ Given Name(s) _____

Relationship to student: _____ Date of Birth: (day/month/year) ____ / ____ / ____

Occupation: _____

Address: ☐ same as student or _____

Home Phone: ☐ same as student or ( ) ( ) _____
country code city code

Mobile: ( ) ( ) _____ E-mail: _____
country code city code

PARENT #2: FAMILY Name: _____ Given Name(s) _____

Relationship to student: _____ Date of Birth: (day/month/year) ____ / ____ / ____

Occupation: _____

Address: ☐ same as student or _____

Home Phone: ☐ same as student or ( ) ( ) _____
country code city code

Mobile: ( ) ( ) _____ E-mail: _____
country code city code

Parents are: ☐ Married ☐ Common-Law ☐ Divorced ☐ Widowed

Student lives with: ☐ PARENT #1 ☐ PARENT #2 ☐ OTHER _____

If divorced, legal custody of the student resides with: ☐ PARENT #1 ☐ PARENT #2 ☐ OTHER _____

Which Parent should receive **general communications**: ☐ PARENT #1 ☐ PARENT #2 ☐ OTHER _____

Which one (1) Parent should receive **Travel Requests**: ◯ PARENT #1 ◯ PARENT #2 ◯ OTHER _____

(will require using a smartphone/tablet app; and e-mail field above is mandatory for this parent)

SIBLINGS / OTHER FAMILY

Please list all other immediate family members living full time in the home, their ages, relationships and occupations.

NAME	DATE OF BIRTH (day/month/year)	RELATIONSHIP TO STUDENT APPLICANT	OCCUPATION / STUDY LEVEL

EMERGENCY CONTACT: should parents, agent, teacher (Japan) be unavailable for consultation, who should we contact?

Contact name: _____

Telephone number: ( ) ( ) _____ Email: _____
country code city code

Relationship: _____

Main language(s) spoken: _____ Speaks English? ◯ Yes ◯ No

SHORT-TERM EXPERIENCE STUDENT APPLICATION FORM

SCHOOL PLACEMENT

Current school/grade level (home school): _____

I am applying for Canadian grade level: _____

Recommended English proficiency for covalidation placements:

	IELTS	ELTIS	CEFR
Gr 9	4.5-5	223-231	
Gr 10	5.5-6	232-237	B1
Gr 11	6.0	238-241	B1/B2
Gr 12	6.5	250+	B2/C1+

CURRENT SCHOOL INFORMATION:

Name of school currently attending:

Have you ever failed a grade? ◯ NO ◯ YES

If yes, which grade and any specific reasons for the difficulty in that year?

Do you currently receive any special academic accommodations to support learning challenges or needs?

◯ NO ◯ YES: _____

ENGLISH PROFICIENCY

ALL APPLICANTS:
English Teacher Reference also required - see separate page

Number of years studying English:

How many hours per week of English study:

Level of English Proficiency: ☐ Beginner ☐ Low-intermediate ☐ High intermediate ☐ Advanced

or: CEFR *(Common European Framework)* ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

Please list any English Proficiency tests taken (a copy of results may be requested)

Name of Test:	Date Taken:	Score:

Do you wish to take ESL classes or tutoring while in Canada: ◯ YES ◯ NO

Note: ESL support may be recommended or required by the school as condition of acceptance. A school's recommendation may supersede student or family request. Many Canadian public schools offer ESL as part of the curriculum, with little or no additional costs. CISS will endeavour to achieve placement in these schools first.

COURSE REQUESTS

Semester schools: students will be placed into 4 courses / Linear schools: students will be placed into 8 classes

! IMPORTANT: For short-term excperience students, schools will consider requests, but cannot guarantee specific courses. Priority is given to full-year students and those students requiring courses for covalidation

I am most interested in taking the following courses

My favourite subjects are: _____

My least favourite subjects are: _____

I struggle the most in: _____

My future career plans are: _____

ACTIVITIES & INTERESTS

Students are strongly encouraged to become involved in their school by joining social clubs or athletic sports.

My favourite sports are:

☐ Badminton	☐ Baseball/Softball	☐ Basketball	☐ Canoe/kayak	☐ Curling
☐ Cycling	☐ Field Hockey	☐ Football (American)	☐ Golf	☐ Horse Riding
☐ Ice hockey	☐ Martial Arts	☐ Rugby	☐ Running	☐ Sailing
☐ Skateboarding	☐ Ski-Downhill	☐ Ski-Xcountry	☐ Snowboarding	☐ Soccer
☐ Swimming	☐ Table Tennis	☐ Tennis	☐ Weightlifting	☐ Wrestling

Other interests include:

☐ Boating	☐ Board Games	☐ Camping	☐ Cooking/Baking	☐ Chess
☐ Crafts	☐ Computers	☐ Dance	☐ Debating	☐ Drawing
☐ Hiking	☐ Knitting/Crochet	☐ Movies	☐ Music (Classical)	☐ Music (Jazz)
☐ Music (Pop)	☐ Painting	☐ Photography	☐ Reading	☐ Shopping
☐ Sewing	☐ Sightseeing	☐ Singing	☐ Theatre	☐ Walking
☐ Watching sports		☐ Other:		

I play the following musical instruments: _____

I speak the following languages *other than English and my first language (per page 1):* _____

SHORT-TERM EXPERIENCE STUDENT APPLICATION FORM

HOST FAMILY PLACEMENT

FAMILY & LIFESTYLE: Home away from home

NOTICE for students who will reside with a host family

Canada is a multicultural society, where - in accordance with the Canadian Charter of Rights and Freedoms - people of all cultures and ethnicity are welcomed and form an integral part of the culture of each community. Homestay families represent working and middle classes of their community. Families are selected based on their willingness to welcome a student into their home as a member of their family, offering shelter, meals, security, comfort...essentially everything equal to a "home away from home". Our families come from a variety of ethnic backgrounds and domestic configurations - from couples with children, to single parents or even childless couples or single adults Regardless of how a family appears on paper or the size of home, you can be assured that your child will be well cared for in a comfortable and safe home, where English is a language spoken among the family members.

It is CISS MLI policy to place up to two (2) students per family (3 students in select large urban areas) provided the students are of a different nationality/language group. Each student receives their own private bedroom and may or may not attend the same school. CISS MLI will advise at time of placement if another student will be in the home, or will advise should a single placement change prior to arrival.

I/we understand this is the outline of the homestay programme, and that we cannot request a host family, or a change of host family, based on racial or cultural background.

Please sign below. Signatures represent understanding and acceptance of this policy.

Student: _____ *Parent #1:* _____ *Parent #2:* _____

FAMILY STYLE

Please rank in order of importance the following from 1 to 6 (1= most important / 6 = least important).

NOTE: each rank number can only be used once

- ☐ Dual parents
- ☐ Host siblings (any age)
- ☐ Pets in the home
- ☐ Proximity to school
- ☐ Quiet family
- ☐ Active or Sporty family

Note: CISS MLI will endeavour to match a host family to what is most important to you.

*However, CISS MLI **cannot guarantee** a match to all preferences.*

If applying to Ottawa, Montreal region or Sudbury: ☐ Bilingual English/French host

(limitations apply with school choices. CISS will confirm what is possible based on school placement)

Do you smoke/vape? ◯ YES ◯ NO

Do you understand you must be willing to quit? ◯ YES ◯ NO (see side note)

Are you able live with a family that smokes outside? ◯ YES ◯ NO

Have you ever lived away from home? ◯ YES ◯ NO

If yes, where _____ for how long? _____

BE TRUTHFUL.
Misrepresentation may result in a required change of host family at a supplementary cost.

Note: In Canada, the legal age to purchase cigarettes / e-liquid is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes or e-liquid for under-age persons.

For simple headaches, fever or other minor pain, the host family to administer the prescribed dose of:

- ☐ Aspirin
- ☐ Acetaminophen (Tylenol)
- ☐ Ibuprofen (Advil, Motrin)
- ☐ Polysporin
- ☐ Antacid (Tums, Maalox, etc)
- ☐ Cough Medicine
- ☐ Throat Lozenges
- ☐ Antihistamine (Sudafed, Benedryl)

This is authorized by *Parent #1:* _____ *Parent #2:* _____

FOOD PREFERENCES / ALLERGIES

Which of the following statements apply to you:

- ☐ I eat almost everything
- ☐ I am open to trying new foods
- ☐ I am not very adventurous with new food
- ☐ I eat vegetables
- ☐ I enjoy cooking
- ☐ I have never cooked a meal for myself
- ☐ I enjoy eating dinner as a family
- ☐ I prefer a light breakfast
- ☐ I don't eat breakfast at all
- ☐ I love desserts
- ☐ I am concerned about gaining weight
- ☐ I do not eat red meat (Beef, Veal, Lamb)

What are your favourite foods: _____

Which foods will you absolutely NOT eat: _____

Do you have a PEANUT allergy: ◯ NO ◯ YES

Do you have other FOOD allergies: ◯ NO ◯ YES: _____

Do you have allergies to ANIMALS? ◯ NO ◯ YES: ☐ Dog ☐ Cat ☐ Other: _____

Explain if/why you have a MAJOR fear of any animal(s): _____

For any above allergies, do you require use of an Epi-Pen? ◯ NO ◯ YES

** SPECIAL DIETS **

ATTENTION:

- Supplementary Fees apply for special diets
- Not every dietary preference can be accommodated in each High School location. Be sure to confirm ahead of application!

☐ **Vegetarian** ☐ **Pescatarian** ☐ **Vegan** ☐ **Gluten-Free** (cannot accept Celiac Disease) ☐ **Halal** ☐ **Kosher** ☐ **Lactose-Free**

I follow the above diet : ◯ by choice ◯ by medical requirement ◯ by religious requirement

Please provide below a sample 1 week meal schedule so we may see the kind of foods that support your diet.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Breakfast						
Lunch						
Dinner						
Snacks						

Personality Traits: Please check those that apply to you

☐ Active	☐ Adaptable	☐ Affectionate	☐ Cheerful	☐ Curious	☐ Disorganized
☐ Energetic	☐ Humorous	☐ Independent	☐ Optimistic	☐ Patient	☐ Quiet
☐ Relaxed	☐ Serious	☐ Shy	☐ Sociable	☐ Talkative	☐ Tidy

I make new friends easily ○ YES ○ NO

In new situations, I tend to: ○ Worry or stress ○ Embrace the challenge

When speaking English I: ○ Worry about mistakes ○ Welcome correction

○ Focus on grammar ○ Just talk, however it comes out

My attitude about school is: ○ I like it a lot ○ It's OK ○ I don't really like it

What aspects of school do you most enjoy? _____

Which aspects of this programme are you most excited about? _____

_____

Which aspects of this programme most concern you? _____

_____

Personal Habits at Home:

I like to wake up: ○ Very early ○ When I have to

When I wake up I like: ☐ Silence ☐ To talk ☐ To listen to music

As a family, we eat together at: ☐ Breakfast ☐ Lunch ☐ Dinner/supper

On school nights I usually go to bed at: _____ ○ pm ○ am

My curfew on school nights is: _____ ○ pm ○ am ○ I don't have one

My curfew on weekends is: _____ ○ pm ○ am ○ I don't have one

Do you have your own bedroom: ○ YES ○ NO, I share with _____

Do you tidy up and make your own bed? ○ YES ○ NO, my _____ does it

Do you have a pet at home? ○ YES, I have _____ ○ NO

Please describe:

- Household chores that you do: _____
- Rules in your family: _____

What activities to do you typically do with

- your parents: _____
- your siblings: _____
- your friends: _____

**** Optional:***

I belong to the following religion: _____ ○ Active ○ Non-Active

I attend church/religious institution services ○ Regularly ○ On special holidays/events only

I would like to attend religious services while in Canada: ○ YES ○ NO

I am willing to attend these on my own: ○ YES ○ NO

MOTIVATIONAL LETTER OF INTENT

Please write - in full and complete sentences - a letter to the school outlining your motivation for coming on a high school programme in Canada. Please include the following ideas:

1. **Why have you chosen to participate in this SHORT-TERM EXPERIENCE programme in Canada?**
2. **Describe both the academic and personal results you expect to attain by the end of your stay.**
3. **What expectations do you have from your school, community and homestay experience?**

Student name / e-signature

Date

SHORT-TERM EXPERIENCE
STUDENT APPLICATION FORM

SHOW US ABOUT YOURSELF

Photo Collage

Be CREATIVE!! **(MAX 5MB) using 3-5 photos, show us and include a caption**

1. About you and your family
2. Which sports, hobbies or other activities best illustrate your interests
3. What you and your friends like to do together

DEAR PARENT(S) - We are interested in your perspective about your child.

What are the 3 best qualities about your child: _____

Is there any aspect of your child you would like to see improved by this experience?

_____

Generally speaking, do you permit your child to go out with friends

- on a school night ◯ NO ◯ YES: Curfew to be home:
- on a weekend: ◯ NO ◯ YES: Curfew to be home:

Does your child drink alcoholic beverages with your family: ◯ NO ◯ YES: _____

Does your child drink alcoholic beverages with friends: ◯ NO ◯ YES: _____

Does your child date regularly: ◯ NO ◯ YES

Does your child have a steady boyfriend/girlfriend? ◯ NO ◯ YES

If YES: how do you think your child will feel about being separated from their boyfriend/girl for the duration of their programme? _____

_____

Does your child smoke cigarettes/vape e-liquid? ◯ NO ◯ YES

If YES: have you already spoken to him/her about the non-smoking aspect of this programme, and our expectation that he/she will quit? ◯ NO ◯ YES

****

Please write a **short letter** describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

_____ _____

Parent name / e-signature Date

PARTICIPATION IN SCHOOL SPORTS, SCHOOL-ORGANIZED TRIPS AND OTHER ACTIVITIES

1. I/we grant permission for my/our child to participate in school organized and supervised field trips.

2. I/we grant permission for my/our child to participate in regular school sports

(with the exception of: _____)

3. I/we authorize CISS MLI and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams and club activities.

4. Trips or activities that are organized outside of the school environment or which include extensive travel will require additional parental consent specific to that activity/trip.

HIGH RISK SPORTS/ACTIVITIES

CISS MLI defines a high risk sport/activity as: *an activity or sport that carries a risk to personal safety and requires the training or development of skills to attain proficiency/safe participation. These sports or activities also involve external risk factors that may affect and/or harm the participant, regardless of their skill level.*

5. I/we understand that if my/our child is considering participating in a school-sponsored or otherwise arranged high-risk activity, CISS MLI will do the first round of risk assessment and advise their decision for my/our child. Should the activity be deemed suitable, I/we will be notified (regardless of my/our approval below), and acknowledge that I/we may be asked to sign an additional waiver form specific to that the event or activity. I/we may choose at that time to decline or approve my/our permission.

Activity	Permission		Activity	Permission	
American Football	○ YES	○ NO	Rock Climbing - indoor	○ YES	○ NO
Canoe/Kayaking	○ YES	○ NO	Rock Climbing - outdoor	○ YES	○ NO
Downhill skiing	○ YES	○ NO	Snowmobiling	○ YES	○ NO
Snowboarding	○ YES	○ NO	Swimming - pool	○ YES	○ NO
Horseback riding	○ YES	○ NO	Swimming - natural water	○ YES	○ NO
Ice hockey	○ YES	○ NO	Waterskiing/Waterboarding	○ YES	○ NO
Mountain Biking	○ YES	○ NO	White Water Rafting	○ YES	○ NO
Rugby	○ YES	○ NO	Zip lining	○ YES	○ NO

NOTE 1: Any other high risk activities outside of this list will be advised in the event of a specific request.
NOTE 2: To participate in any activities, students must wear the appropriate safety clothing and equipment, including but not limited to, a CSA (Canadian Standards Association) Approved Helmet and/or Life Jacket.

Please indicate the proficiency level of your child in the following sports/activities:

Swimming:	○ non-swimmer	○ beginner	○ deep-end approved	
Downhill skiing:	○ non-skier	○ beginner	○ intermediate	○ expert
Snowboarding:	○ non-boarder	○ beginner	○ intermediate	○ expert

Comments: _____

_____

6. If my/our child carries emergency medical insurance arranged independently of CISS MLI or the school, I/we will ensure prior to granting any consent, that the sport or activity in which my/our child wishes to participate is fully covered by our insurance plan. A copy of this policy must be sent to CISS MLI.

Please initial in box. Initials represent understanding of point #6

Student: ☐ *Parent #1:* ☐ *Parent #2:* ☐